

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047602

Registration District No.

119

Primary Registration District No.

5936

Registrar's No.

2

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0370

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 14 1964

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boulware Twp		c. CITY OR TOWN (Boulware Twp)	
Length of stay in 1b 45 yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi. S. of Mt. Sterling		d. STREET ADDRESS (If outside, give location) 2mi. S. of Mt. Sterling	
3. NAME OF DECEASED (Type or print) First MIDDLE Last HENRY HERMAN GRANIER		4. DATE OF DEATH Month Day Year 12 26 1963	
5. SEX Male	6. COLOR OR RACE Cau.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/3/1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 74
11. BIRTHPLACE (City and state or country) Osage County, Mo		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Ferdinand Granier		13b. MOTHER'S MAIDEN NAME Celestine Gaume	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) Yes W. W. #1	
16. SOCIAL SECURITY NO. -----		17. INFORMANT John Drusch R#2	
Address Bland, Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (Found expired in his farm home on 1/4/64) DUE TO (c) (No violence) (Natural Causes)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from ----- to ----- and last saw him alive on ----- Death occurred at about 6:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree, or title) Herman Blumer Coroner		22b. ADDRESS Hermann, Mo	
22c. DATE SIGNED 1/4/64		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 1/7/1964		23c. NAME OF CEMETERY OR CREMATORY Geidinghagen Cemetery	
23d. LOCATION (City, town, or country) RFD Mt. Sterling		(State) Mo	
24. FUNERAL DIRECTOR Herman Blumer, Inc		25. DATE RECD. BY LOCAL REG. 1-6-64	
ADDRESS Hermann, Mo		26. REGISTRAR'S SIGNATURE Delma Uffelman	

MAR 11 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ouel L. Groun

Licensed Embalmer No. 5187

P. O. Address Hermann, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.